



Dan Bucks  
Director

# Montana Department of Revenue

RECEIVED

FEB 18 2009

Ravalli County Commissioners



Brian Schweitzer  
Governor

February 13, 2009

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RE: Application for Issuance of One-Original (NEW) Montana Retail Off-Premises Consumption Beer License No. 13-999-6404-103, VICTOR LIQUOR AGENCY, 2405 Meridian Road Unit #3, Victor, Ravalli County, Montana

The above referenced application was received at the Department of Revenue, Liquor Licensing. Notice is being provided to you to give you an opportunity to advise if the applicant and premises meet all the laws and ordinances your office is responsible for regulating. We will be happy to provide any additional information that is needed.

Local laws are not enforced through the alcoholic beverage licensing process; however, if there are local laws affected by this application, compliance with those laws may influence the final determination to issue the license.

If any agency determines deficiencies exist that should be considered in the issuance of this license, please advise this office in writing by **March 15, 2009**. If we receive a determination of a local deficiency, the license application process cannot be completed until the issue is cleared up at the local level. If no response is received, it will be assumed there are no problems that would affect the issuance of a license.

If you have any questions, please call (406) 444-7927.

Sincerely,

Susan M. Gardipee  
Compliance Specialist  
Department of Revenue  
Liquor Licensing  
P O Box 1712  
Helena MT 59624-1712

c: Annette Rinehart, Department of Labor & Industry

CERTIFICATE OF SERVICE

I certify that on this 13 day of February, 2009, a true and correct copy of the foregoing has been served by placing same in the United States mail, postage prepaid, and addressed as follows:

RAVALLI COUNTY COMMISSIONERS  
COURTHOUSE  
205 BEDFORD ST #5001  
HAMILTON MT 59840

RAVALLI COUNTY ATTORNEY  
GEORGE CORN  
COURTHOUSE  
205 BEDFORD ST. #5008  
HAMILTON MT 59840

RAVALLI COUNTY SANITARIAN  
215 S 4<sup>TH</sup> ST STE D  
HAMILTON MT 59840

RAVALLI COUNTY SHERIFF  
PERRY JOHNSON  
205 BEDFORD ST #5022  
HAMILTON MT 59840

ADMINISTRATIVE ASSISTANT  
FIRE PREVENTION AND INVESTIGATION BUREAU  
303 NORTH ROBERTS BOX 201415  
HELENA MT 59620-1417

KEITH FLETCHER, SUPERVISOR  
BUILDING STANDARDS SECTION  
BUILDING CODES SECTION  
PO BOX 200517  
HELENA MT 59620-0517

*Susan M. Handpiece*

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Return to:  
One-Stop Licensing  
Montana Department of Revenue  
PO Box 8003  
Helena, MT 59604-8003

## Off-Premises Liquor License Application

### Section 1: Entity/Transaction

Check appropriate boxes:

- |   |   |   |
|---|---|---|
| 1. Business Entity<br><input checked="" type="checkbox"/> Individual (one person)<br><input type="checkbox"/> Corporation<br><input type="checkbox"/> Other | 2. Transaction<br><input type="checkbox"/> New License<br><input checked="" type="checkbox"/> Transfer of Location - License # <u>6404</u><br><input type="checkbox"/> Corporate Structure Change - License # _____ | 3. License Type/Fee<br><input type="checkbox"/> Processing Fee - \$100.00 (All)<br><input type="checkbox"/> Off-Premises Beer - \$200.00<br><input type="checkbox"/> Off-Premises Wine - \$200.00<br><input type="checkbox"/> Off-Premises Beer/Wine - \$400.00 |
|---|---|---|

Attach additional pages if more space is needed

### Section 2: General Information

Instruction for completing applicant name.

- > If Individual, list individual's name.
  - > If Corporation, provide current corporate statement or list of officers, directors and shareholders and Certificate of Existence/Authority.
  - > If Other...
  - If more than one individual, list names of all below.
  - If partnership, list partnership name below then, individual partners' names and provide copy of the partnerships Certificate of Limited Partnership, Certificate of Fact or Certificate of Registration.
  - If LLC, list LLC name below then, all members' names and provide a copy of the Certificate of Fact.
1. Name of Applicant(s) Mark S. Halderman
  - Business Telephone No. 406-642-3805 Fax No. 406-642-6700 Federal Tax I.D. No.
  2. Name of Person Managing Business Mark S. Halderman
  3. Provided Personal History & Release of Information forms for each individual, partner, 10% stockholder, member or manager.  
☐ Yes ☐ No
  4. Business/Trade Name Victor Liquor Agency  
 (doing business as... Assumed business name must be filed with the Secretary of State's Office)  
 Mailing Address 1014 Cherry Orchard Loop  
 City, State, Zip Hamilton MT 59840
  - 4a. Address of premises to be licensed, if different than mailing address. Give Exact Location of Premises, including a street and number.  
 Physical Address 2405 Meridian Rd  
 City, State, Zip Victor MT 59875
  5. Is your location within an incorporated city/town? ☒ Yes ☐ No
  6. Are the premises within any defined zones where the sale of alcoholic beverages is prohibited by city/county ordinances?  
☐ Yes ☒ No
  7. Is your premises proposed for licensing operated as a ☒ Grocery Store If grocery store - attach copy of inventory (Form G-1)  
☐ Drugstore If drug store - attach copy of pharmaceutical license
  8. Do you now or will you own the building proposed for licensing? ☐ Yes ☒ No  
 If No, please provide a current or proposed lease or rental agreement. If Yes provide acceptable proof of ownership.
  9. Is the building ready for occupancy? ☒ Yes ☐ No  
 If No, indicate estimated date of occupancy: \_\_\_\_\_
  10. Will you be remodeling or constructing the premises? ☐ Yes ☒ No  
 If Yes, indicate estimated date of completion: \_\_\_\_\_ (Date)
  11. Submit copy of current floor plan of licensed premises. Floor plan must include external dimensions and general layout on an 8 1/2" x 11" sheet of paper. Identify trade name of premises, address and date.
  12. Please send a copy of your bank signature card.

**Section 3: Temporary Authority**

The undersigned, requests authority to operate pending final approval of the license. Temporary authority may be granted to an applicant by the Department of Revenue if the current premises has been licensed in the past year for the sale of alcohol and no building, health, or fire deficiencies exist. The undersigned agrees that during the period of temporary operating authority, the applicant shall be responsible for all beer and wine purchased pursuant to Section 16-3-243, MCA (the seven-day credit limitation). I realize temporary authority will be immediately revoked if my employees or I violate any provisions of Title 16, MCA or the departments rules. Temporary authority cannot be granted for a transfer of location.

I would like temporary authority issued on 02-03-09 (Date)

**Section 4: Notice To Applicants**

In order for your application to be considered *complete* you must include all associated or related documents as indicated by your specific circumstance in the accompanying check sheet. Processing a license application takes approximately two (2) to three (3) months based upon the Department's determination of receipt of a complete application, if no deficiencies are received. You will be notified when a decision regarding the application has been made.

**Section 5: Declaration and Affidavit**

This application must be signed by the applicant or by a duly authorized representative of the entity submitting this application. The person who signs this application attests that the information contained in the application is correct and complete. Montana law says "Upon proof that an applicant made a false statement in any part of the original application, in any part of an annual renewal application, or in any hearing conducted pursuant to an application, the application for the license may be denied, and if issued, the license may be revoked." (Section 16-4-402, Montana Codes Annotated)



Signature

02-03-09

Date

Mark S. Halderson

Printed Name

Owner

Title

**Section 6: Corporate Statement (includes Corporations, LLC's, LLP's and Partnerships)**

The stockholders/members/partners are:

Name	Address	Social Security Number	Date of Birth	Number of Shares
Total Shares:				

Officers and Directors of the Corporation are:

Name	Address	Title

Form G-1  
Rev. 5/97

### Grocery Inventory

Section 16-4-115(1), MCA states a retail license to sell beer or table wine in the original package for off-premises consumption only may be issued to a qualified applicant whose premises proposed for licensing is operated as a bona fide grocery store or a drug store licensed as a pharmacy.

ARM 42.12.128(2) "The retail inventory of \$3,000 will be used as a basis for determining whether an establishment qualifies as a 'bona fide grocery store'. The retail inventory of at least \$3,000 must be maintained at all times. The retail inventory must include at least three different types of items in each of the following food groups; meats, vegetables, fruits, bakery items, dairy products and household supplies. For example, three different types of items in the dairy products group would be a cheese, a milk and a butter, but skim milk, chocolate milk and whole milk would not be considered as three different types of items in the dairy products group."

List three different types of food items you carry within each category listed below. Under Total Inventory state the total dollar retail inventory maintained in these above six food groups.

#### Three Food Types

Meats	<u>SALMON</u>	<u>chicken</u>	<u>CLUSTERS</u>
Vegetables	<u>asparagus-pickled</u>	<u>Brussel sprouts-dilled</u>	<u>olives</u>
Fruits	<u>cherries</u>	<u>Lemon</u>	<u>Limes</u>
Bakery Items	<u>crackers</u>	<u>donuts</u>	<u>cookies</u>
Dairy Products	<u>canred milk</u>	<u>cheese</u>	<u>yogurt</u>
Household	<u>napkins</u>	<u>ziploc bags</u>	<u>plastic utensils/straws</u>

Total Inventory of Above Food Groups    \$ 3875.58

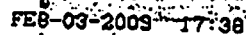
I certify this inventory to be correct.

[Signature]  
Signature

Victor Liquor Agency  
Trade Name / County

02-03-09  
Date

510



**95%**

P.009

**TOTAL P.003**

Victor Lignor Agency  
2405 Meridian Rd Victor

Victor Mt 59875

2-12-09